



REGISTERED TOW TRUCK OPERATOR  
**IMPOUNDED VEHICLE HEARING REQUEST**

LICENSE NO.	STATE	VIN	MAKE	MODEL	YEAR
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TO: The Clerk of \_\_\_\_\_ District / Municipal Court

Address \_\_\_\_\_

**PLEASE TAKE NOTICE** that the undersigned person or persons request(s) a hearing to contest the validity of the impoundment and/or the amount of towing and storage charges with respect to the impoundment of the vehicle described above. This request is pursuant to the provisions of RCW 46.55 and WAC 308-61. The request for hearing must be received by the district/municipal court within 10 days of the date that the vehicle was redeemed or attempted to be redeemed. In accordance with RCW 46.55.120 (2)(B), a filing fee will be required by the court.

☐ To contest the validity  
of the impound.

☐ To contest the amount of  
towing and storage charges.

The vehicle was impounded at: \_\_\_\_\_ Date of impound \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

☐ Private Property ☐ Public Property

**Person/Agency Authorizing Impound** \_\_\_\_\_

NAME

Agency Officer \_\_\_\_\_

NAME

Address \_\_\_\_\_

**Registered Owner of the Vehicle** \_\_\_\_\_

NAME

Address \_\_\_\_\_

**Legal Owner of Vehicle** \_\_\_\_\_

NAME

Address \_\_\_\_\_

**Name of Towing Firm** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

Address \_\_\_\_\_

**Signature of Party Requesting Hearing** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

**TO BE DATED BY THE TOWING FIRM** (Please fill in the impounding agency/person.)

The owner of this vehicle redeemed it or attempted to redeem it on:

Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ a.m. ☐ p.m.

Authorized Agent of Towing Firm \_\_\_\_\_